



EVALBRIEF: SYSTEMS OF CARE

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Sustaining Systems of Care: What Have We Learned?

The Child, Adolescent and Family Branch of the Center for Mental Health Services (CMHS) has provided Federal resources to the systematic development of systems of care for children and adolescents with serious emotional disorders and their families. The 5- to 6-year grants are awarded through the Comprehensive Community Mental Health Services for Children and Their Families Program with the expectation that services and infrastructure developed with the program's financial and technical assistance resources will be perpetuated beyond the life of the grant period. Site information indicates that they vary in their ability to maintain services and infrastructure when Federal funding ends. Further, many factors affect the sustainability of systems of care—some related to the approach used to develop and finance the system, and others to the larger policy context and environment in which the system of care operates.

A special study on the sustainability of systems of care was undertaken as part of the national evaluation to explore the extent to which systems of care are maintained after funding from the CMHS grant program has ended. The study was designed to identify (a) features of systems of care that are more or less likely to be sustained, (b) factors that contribute to or impede the ability to sustain the systems of care developed with grant support, and (c) effective strategies for sustaining systems of care. The intent of the study is to learn from the experience of earlier grantees in order to assist current and future grantees to maximize the likelihood that their systems of care will be maintained over time.

A Web-based survey was completed by four key stakeholders in each graduated site. Follow-up telephone interviews were also conducted with two respondents from each community to obtain

Study Highlights

- ▶ *The sustainability of systems of care was examined to learn how well they are maintained after Federal grant funding has ended.*
- ▶ *Study results indicate that, despite many challenges, several system-of-care elements can be successfully maintained over time. This includes transition from residential to community, therapeutic group homes, and transition to adult services.*
- ▶ *Service delivery-level principles have been more successful to maintain than system-level principles. Family involvement and interagency coordination are examples of system-level principles that have declined after Federal funding ends.*
- ▶ *Strategies are needed for increasing service capacity and maintaining more supportive services (including respite care, family support, flexible funds, etc.). This is true especially during difficult economic times.*

Table 1
Services with Increased Availability from Grant Period to Current Period

Increased Availability from Grant Period to Current Period	Phase I Sites: Difference
Transition from residential to community	+.17
Behavioral/therapeutic aide services	+.16
Therapeutic group homes	+.09
Substance abuse treatment	+.08
Transition to adult services	+.06
Independent living services	+.05
Medication treatment/monitoring	+.04
After-school and/or summer programs	+.03
Residential treatment	+.03
Neurological/psychological testing	+.03

Difference = Change in Rating Scale from grant period to current period. 1 = Not at all available; 2 = Somewhat available; 3 = Moderately available; 4 = Very available; 5 = Extensively available.

clarifications and additional information. A telephone interview was conducted with the State-level children's mental health director in each State with sites included in the study sample. These interviews provided a State perspective on maintaining systems of care over time.

Study findings were designed to inform leaders of local systems of care and Federal and State policymakers about strategies and approaches that may enhance their efforts to build enduring systems of care. Addressing sustainability issues in the earliest phases of system development is instrumental to later success.

Sustaining Systems of Care: Findings

The purpose of this study was to assess the maintenance and sustainability of services during the post-grant period. Sustainability was defined for this study as "maintenance of the services, infrastructure, and philosophy of systems of care over time, after the Federal funding has terminated." The study examined the following program components in 25 sites funded in 1993 or 1994 (Phase I sites), all of which have graduated from the program:

- **The Service Array.** The degree to which services and supports were available during the period of grant funding, the degree to which they are available currently (defined as the past 12 months), and whether particular services or groups of services currently are more or less available than they were during grant funding.
- **The Philosophy.** The extent to which various elements of the system-of-care philosophy were implemented during the grant period and currently, noting any changes between grant and post-grant periods.
- **System-of-Care Goals.** The success the community has had in achieving key goals during the grant period and during the current post-grant period to assess any differences.

Services

Table 1 shows that a number of services increased in availability from the grant period to the current post-grant period, even though the increases are relatively small. This suggests that the process of increasing

Table 2
Services with Decreased Availability from Grant Period to Current Period

Decreased Availability from Grant Period to Current Period	Phase I Sites: Difference
Flexible funds	-.80
Transportation services	-.28
Caregiver/family support services	-.22
Respite care	-.19
Recreational activities	-.17
Inpatient hospitalization	-.14
Outpatient family counseling	-.08
Outpatient individual counseling	-.08
Family preservation/intensive home-based services	-.08
Professional consultation	-.08
Tutoring	-.05
Diagnostic and evaluation	-.04
Case management/service coordination	-.02
Emergency/crisis services	-.01

Difference = Change in Rating Scale from grant period to current period. 1 = Not at all available; 2 = Somewhat available; 3 = Moderately available; 4 = Very available; 5 = Extensively available.

Table 3
Extent of Implementation of System-of-Care Principles

Principle	Phase I Sites		
	Grant Period	Current Period	Difference
Most Implemented Principles			
Family Involvement — Services Level	3.62	3.71	-.09
Interagency Coordination — Services Level	4.01	3.68	-.33
Individualized Care	3.83	3.56	-.27
Moderately Implemented Principles			
Cultural Competence — Services Level	3.37	3.30	-.07
Cultural Competence — System Level	3.38	3.32	-.06
Services Accessibility	3.30	3.17	-.13
Family Involvement — System Level	3.31	3.11	-.20
Interagency Coordination — System Level	3.19	2.98	-.21
Least Implemented Principles			
Shared Administrative Processes	2.53	2.49	-.04

Scale: 1 = Not at all used; 2 = Somewhat used; 3 = Moderately used; 4 = Very much used; 5 = Extensively used.

capacity for services initiated during the period of Federal funding resulted in even greater availability in the post-funding period for many sites.

However, a number of services in these sites decreased in availability from the grant period to the current period (see Table 2). A noteworthy finding is a pattern of decreased availability among services that can be characterized as more “supportive” in nature: flexible funds, respite care, home-based services, family support services, mentoring, transportation, and others. The largest decrease in availability is in flexible funds, confirming that it is extremely difficult for sites to acquire Medicaid and other funding streams to support ongoing post-grant service delivery .

In addition, none of the services was characterized by respondents as “extensively available” in either time period. Only two of the services were rated as “very available”: case management and outpatient individual counseling. These data suggest that, even with the investment of Federal funds, lack of sufficient service capacity for the range of children’s mental health services remains a serious problem.

Philosophy

The study found that none of the system-of-care principles was rated as “extensively used” or even

“very much used,” even during the grant period. Three of the features approached this level of implementation, with a rating over 3.5: family involvement at the service delivery level, interagency coordination at the services level, and individualized care. These features represent key system-of-care principles that directly affect the quality of care provided to children and families (see Table 3).

These data suggest that, even with the investment of Federal funds, lack of sufficient service capacity for the range of children’s mental health services remains a serious problem.

With respect to maintaining these principles over time, findings indicated that all of the sites have reportedly lost some ground since the end of the grant period. Individualized care and interagency coordination at the services level showed the largest decreases; however, they remained among the three that were rated most highly regarding level of implementation. Although differences are small, results show a pattern of slippage around implementation of system-of-care principles after the Federal grants end.

Goals

The sites reported having even greater success achieving half of the goals currently than they did during the grant funding period: minimizing the need for children to leave the community for services, reducing the number of children in overly restrictive settings, and achieving general acceptance of the system-of-care philosophy among service providers, system managers, and system leaders. During telephone interviews, some respondents described this as a continuing evolution process, where a developing system naturally progresses over time, resulting in greater goal achievement.

However, sites reported less success in achieving the remaining goals post-grant than during the grant period: ensuring sufficient service capacity, using evaluation data, maintaining a focal point for system management, and maintaining an active family organization. These goals require resources to be achieved, and sites apparently have struggled in these areas without Federal funds and the mandate of the grant. The largest negative change is in maintaining an active family organization, even though the existence of an active family organization is considered by many sites to be an important key to sustainability.

In addition, no goal was rated as having been achieved with complete success or even with substantial success, although several goals were rated as having achieved moderate success.

Implications for Enhancing Sustainability

Study results indicate that, despite many challenges, several system-of-care elements *can* be successfully maintained over time. The findings suggest the following:

- ▶ A greater focus on mechanisms for maintaining the more supportive services (e.g., respite care, home-based services, family support, mentoring, and especially flexible funds) is needed.
- ▶ Greater attention is needed to identify strategies for increasing service capacity, especially during difficult economic times.
- ▶ There has been somewhat greater success in maintaining the implementation of some of the principles at the service delivery level compared to the system level. Increased emphasis is needed on maintaining these principles at the system level, such as family involvement and interagency coordination—both of which seem to decline after Federal funding ends.

Results also show that some infrastructure elements of systems of care tend to fare less well post-grant: maintaining a focal point for system management, conducting and using evaluation data to inform decision-making, and, particularly, maintaining an active family organization. Focused attention to these areas is needed in sustainability planning.

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